

PTO/SB/81 (04-05)

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/585,538
Filing Date	July 10, 2006
First Named Inventor	Geel
Title	FIBROUS VEIL IMPREGNATED...
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	25420C

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

22889

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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State

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Country

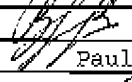
Telephone

Email

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	17 th October 2008
Name	Paul A. Geel	Telephone	+31 55 5386334
Title and Company	Owens Corning		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.

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Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	25420C

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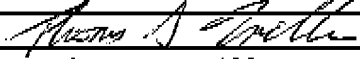
<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	6 JAN '08
Name	Thomas S. Miller	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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**POWER OF ATTORNEY
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CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	107585,538
Filing Date	July 10, 2006
First Named Inventor	Geel
Title	FIBROUS VEIL IMPREGNATED...
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	25420C

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☐ Firm or Individual Name

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State

Zip

Country

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Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/85)

SIGNATURE of Applicant or Assignee of Record

Signature	<u>Dirk Kranendonk</u>	Date	<u>Feb 05, 2009</u>
Name	<u>Dirk Kranendonk</u>	Telephone	
Title and Company	<u>Product Engineer, Owens Corning</u>		

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☒ Total of 3 forms are submitted.

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